



DEPARTMENT OF THE NAVY

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IN REPLY REFER TO
BUMEDINST 6670.2A
BUMED-M3B6
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BUMED INSTRUCTION 6670.2A

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical and Dental Personnel

Subj: **ORTHODONTIC CARE IN NAVAL MILITARY TREATMENT FACILITIES**

Ref: (a) Public Law (PL) 98-525, section 633
(b) MANMED article 6-98
(c) SECNAV M-5210.1 of Dec 2005

Encl: (1) Orthodontic Treatment General Guidelines
(2) Authorized Orthodontic Care for Active Duty Personnel
(3) Authorized Orthodontic Care for Family Members, Retired Personnel, and Other Eligible Non-Active Duty Personnel

1. Purpose. Establishes policy and guidelines for the provision of orthodontic care at Naval military treatment facilities (MTFs) based on the following criteria:

a. Orthodontic treatment for active duty members can be initiated to restore masticatory function lost due to dental disease or injury sustained while on active duty, or to correct a malocclusion or a malrelation of the jaws which has a direct effect on the individual's health or performance of duty.

b. Orthodontic treatment can be initiated or continued for eligible dependents of active duty and deceased active duty personnel, who during their period of skeletal development are living in areas where civilian orthodontic care is not available.

c. Orthodontic treatment can be initiated for individuals as a means to enhance learning and provide didactic and clinical adjunctive support for Navy dental training programs.

d. To initiate or provide continued orthodontic treatment for all eligible recipients on a space available basis per reference (a) which amended section 1077 of title 10, United States Code, with the most severe cases given priority. Per reference (b), active duty members have priority at all MTFs.

2. Cancellation. BUMEDINST 6670.2 and stock number 0510-LD-056-9230.

3. Scope. Applies to personnel working in dental spaces ashore and afloat. The provisions of this instruction are in compliance with the requirements of references (a) and (b).

4. Background. Naval MTFs with appropriately credentialed staff may provide orthodontic care for eligible beneficiaries based on geographic location, the location of orthodontic training programs, and the population served. Due to limited availability, policy guidelines are necessary to establish priority for the provision of orthodontic care in these facilities, enclosures (1) through (3).

5. Discussion. Dental standards for induction into the Navy and Marine Corps are designed to minimize the need for orthodontic care. However, limited orthodontic treatment is an integral part of the Navy's capability to maintain accreditation for its training programs, and provide a comprehensive dental health care delivery system.

a. This instruction specifies eligibility criteria to receive orthodontic care at Naval MTFs where orthodontic care is available and describes the conditions under which that care may be authorized and provided, enclosures (1) and (3) and the Commander's Concurrence Form, NAVMED 6630/8 (6-2007).

b. The Orthodontic Index and Evaluation of Occlusion Form, NAVMED 6630/5 (Rev. 6-2007), will be used in addition to the guidelines in enclosures (1) through (3) when determining priority for initiating orthodontic care.

c. An active duty patient or the sponsor of a family member patient will have sufficient time remaining in his or her present assignment (generally 15 months or more) to have the orthodontic treatment accomplished before the patient or sponsor transfers, enclosure (2).

d. Retired military personnel, their family members, and other eligible beneficiaries should plan to remain in their present location to allow sufficient time to complete the necessary treatments. The Navy will not assume responsibility for continuation of orthodontic care for those eligible patients who move to an area where orthodontic care is not authorized in a Department of Defense (DOD) facility, enclosure (3).

6. Action. Commanders, commanding officers, and officers in charge of Naval MTFs with established orthodontic capabilities must:

a. Ensure that orthodontic care is available to all eligible beneficiaries who meet the eligibility requirements established in references (a) and (b), enclosures (1) and (3), and NAVMED 6630/8 (6-2007). Limited access to care and the frequency of required follow-up appointments preclude most routine orthodontic treatment modalities for personnel assigned to operational units. Guidelines for the provision of this care should follow enclosures (1) through (3).

b. Establish a local orthodontic board chaired by a local Navy orthodontist.

(1) Local orthodontic boards will determine eligibility per references (a) and (b), enclosures (1) and (3), and the NAVMED 6630/8 (6-2007).

(2) The process to select individuals for treatment will be fair and impartial, unbiased by rank or position.

(3) The orthodontic board will provide coordination with other ongoing concurrent treatment modalities which may affect the outcome and treatment timing of planned orthodontic care.

c. The Special Consent to Performance of Orthodontic Treatment, NAVMED 6630/7 (1-81), and the NAVMED 6630/8 (6-2007) will be completed by all patients who are accepted for orthodontic treatment.

d. The Orthodontic Transfer Form Patient in Active Treatment, NAVMED 6630/6 (1-81) must be completed for all orthodontic patients being transferred. The transferring facility must retain copies of the NAVMED 6630/5 (Rev. 6-2007), NAVMED 6630/6 (1-81), NAVMED 6630/7(1-81), NAVMED 6630/8 (6-2007), and the orthodontist's clinical treatment notes for possible future reference as described in paragraph 6e(2).

e. Orthodontic care which is limited to minor tooth movement and adjunctive to restorative, prosthodontic, periodontal or endodontic care, including the up-righting of abutment teeth and simple interceptive orthodontics, may be performed by any dental officer who is granted supplemental privileges to provide these services.

(1) MTFs without a Navy orthodontist assigned who wish to grant supplemental privileges to dentists who have fulfilled additional training must have that individual's training reviewed by either the Navy Orthodontic Specialty Leader or respective Regional Orthodontic consultants at Naval Medical Center San Diego, Naval Medical Center Portsmouth, or the National Naval Medical Center Bethesda.

(2) Orthodontic records of active duty personnel will be included in the patient's dental treatment record; orthodontic records of civilian personnel will be included in the patient's medical record; and all records will be maintained following reference (c).

7. Forms. The following forms are available for download from the Navy Medicine Web site at: <http://navymedicine.med.navy.mil> at the Forms tab and are authorized for local reproduction:

a. NAVMED 6630/5 (Rev. 6-2007), Orthodontic Index and Evaluation of Occlusion.

b. NAVMED 6630/6 (1-81), Orthodontic Transfer Form Patient in Active Treatment.

- c. NAVMED 6630/7 (1-81), Special Consent to Performance of Orthodontic Treatment.
- d. NAVMED 6630/8 (6-2007), Commander's Concurrence Form.



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<http://navymedicine.med.navy.mil/default.cfm?seltab=directives>

ORTHODONTIC TREATMENT GENERAL GUIDELINES

The following guidelines are established to ensure that all eligible beneficiaries understand the orthodontic treatment objectives and the eligibility criteria for selection for orthodontic care.

1. Orthodontic Treatment Objectives. Orthodontic services will be provided to achieve the following objectives:

- a. To support adjunctive medical or surgical care of traumatic injuries.
- b. To correct a malocclusion or a malrelation of the jaws which has become significant enough to directly affect the individual's health or performance of duty.
- c. To provide continuation of authorized orthodontic treatment previously initiated.
- d. To correct a malocclusion of the teeth or malrelation of the jaws when such therapy is preventive in nature or required as adjunctive support to other dental treatment.

2. Treatment Eligibility Criteria. Active duty members exhibiting a malocclusion that either threatens the longevity of the dentition or lacks adequate dental function are eligible for Navy orthodontic care. Some of these conditions are:

- a. Malocclusions with jaw malrelations requiring orthognathic surgery (e.g., skeletal prognathism, retrognathism, or apertognathism).
- b. Skeletal malocclusions that cause active destruction of hard or soft oral tissues.
- c. Malrelations that require correction in support of other dental specialty treatment requirements.
- d. Anterior crossbite of multiple teeth or of a single tooth where there is traumatic interference in lateral mandibular excursions.

3. Diagnosis and Treatment. Before initiation of combined orthognathic and surgical treatment, collaborative consultations must be accomplished between the treating orthodontist, oral surgeon, and other specialists as necessary, to outline the diagnosis and treatment program designed for each beneficiary.

4. Contraindications for the Initiation of Orthodontic Treatment by Navy Orthodontists

- a. Aesthetics alone.
- b. "Crowded teeth" where reasonable oral hygiene measures can adequately protect the periodontium.

- c. Where oral hygiene is deficient or the patient lacks motivation or cooperation.
 - d. Where the overall periodontal prognosis is guarded.
 - e. When another method of dental treatment is judged to be the treatment of choice.
 - f. When minor tooth movement adjunctive to other dental treatment is judged a good alternative to comprehensive orthodontics.
 - g. Active duty personnel assigned to deployable operational units.
 - h. Active duty personnel with orders to deployable operational units.
5. All questions related to issues not covered in this enclosure will be referred to the Orthodontic Specialty Leader.

AUTHORIZED ORTHODONTIC CARE FOR ACTIVE DUTY PERSONNEL

1. The dental standards for entrance into the Navy and Marine Corps normally prevent enlistment of personnel with severe malocclusions. If orthodontic care becomes indicated, active duty members have priority for treatment at MTFs following reference (b).
2. Eligibility is determined by an orthodontic board, paragraph 2 of the basic instruction, convened to determine how treatment will be accomplished. Examination, including making complete orthodontic records, is not a commitment to treatment.
3. Members may be accepted for initiation of orthodontic treatment only when they have sufficient active service obligation remaining and sufficient tour length in a nondeployable unit to complete the orthodontic treatment at their present duty location as verified by their personnel support detachment or commanding officer and documented on the NAVMED 6630/8 (6-2007).
4. Orthodontic care is limited to members whose primary assignment is to non-deployable units.
5. Members of the active forces must retain worldwide assignability. Active duty service members may be required to have active appliances removed and replaced with suitable retention appliances (e.g., when in receipt of orders where no orthodontic care is available or ordered to operational units).
6. Active duty personnel who were not physically disqualified because of malocclusion of teeth or jaw relationship upon entry into active duty are presumed to meet minimum orthodontic qualifications. Orthodontic treatment for these individuals is therefore normally considered elective.
7. Supplemental funding for authorized orthodontic care may be requested by the MTF on a needs and priority basis under the authority of the commanding officer.
8. Because personnel on active duty are considered to have met the standards for entrance in the naval service, an extension of a shore tour for elective orthognathic or orthodontic correction of dental problems normally will not be approved.
9. Before orthodontic therapy may be initiated on active duty Navy and Marine Corps personnel by military or civilian providers, written notification of intent must be submitted through the member's chain of command to his or her commanding officer, and a written endorsement must be received from the commanding officer. This endorsement will verify that such treatment will not interfere with the member's mission accomplishment capabilities or performance of duties. In addition, this endorsement will verify that the member has adequate time at his or her present duty station to anticipate completion of the intended orthodontic care and documented on the NAVMED 6630/8 (6-2007).

10. Orthodontic therapy cannot be used as justification to alter or extend a projected rotation date (PRD), and thus all treatment must be completed within the remaining time at the present duty station. If treatment cannot be completed by the member's PRD, it should be anticipated that the request to initiate treatment will be denied.

11. Before starting orthodontic therapy on an active duty beneficiary other than a member of the Navy or Marine Corps, the individual's parent service will be contacted to ensure that the regulations of the parent service regarding elective orthodontic care are followed.

12. If a patient initiates orthodontic treatment from non-Federal sources at no expense to the Government and is reassigned to a location where orthodontic care is unavailable, termination of treatment may be necessary before the orthodontic care is completed. If this should occur, the Government is not liable for the continuation or completion of orthodontic treatment. Dental care, such as the extraction of teeth, adjunctive to the provision of elective orthodontic treatment by non-Federal orthodontists may be obtained from Naval MTFs. The provision of adjunctive care by the Navy does not imply liability in the completion of the elective orthodontic care. If assigned or reassigned unexpectedly to sea, Fleet Marine Force (FMF), or an operational tour, continued use of active orthodontic appliances is at the discretion of the member's commanding officer.

13. Navy oral surgeons are not required to accept cases for orthognathic surgery in a Naval treatment facility, if the orthodontic treatment was initiated by a civilian orthodontist, without a combined preassessment evaluation by a Navy oral surgeon and the referring civilian orthodontist involved. This does not preclude a Navy oral surgeon from accepting cases for treatment from a civilian orthodontist, if in the professional judgment of the oral surgeon the surgical procedure is indicated, and there will be no compromise in professional or technical procedures.

14. Service members who are diagnosed as requiring combined orthognathic surgery and orthodontic treatment are to be treated under the following guidelines:

a. If the condition existed before enlistment and severely compromises the member's health or performance of duty, the member may be medically discharged from the service.

b. The condition can be treated solely in-house or by using the services of a civilian orthodontist under the conditions described herein.

c. If orthodontic support is not available at any DOD MTF in close approximation to where the orthognathic surgery is to be performed, supplemental funding for civilian orthodontic treatment should be requested from the referring medical facility or through the Military Medical Support Office (MMSO).

d. If supplemental funding is not available, the member may request or be recommended for assignment to a duty station close to a treatment facility offering both oral surgery and orthodontic treatment.

15. Service members using the services of a civilian orthodontist at their own expense, in preparation for adjunctive orthognathic surgery to be performed by a Navy oral surgeon must:

a. Submit a letter of intent and obtain an endorsement from his or her commanding officer as described in paragraph 9 of this enclosure and documented on the NAVMED 6630/8 (6-2007).

b. Initiate consultation between the civilian orthodontist and the Navy oral surgeon anticipated to provide such care.

c. Agree to be solely responsible for all expenses associated with any and all civilian orthodontic care.

d. Agree that initiation of subject treatment plan does not preclude the member from being reassigned to a sea, FMF, or operational tour which may require delay or termination of such treatment.

e. Meet all other eligibility requirements for orthodontic patients set forth in this instruction.

16. For orthognathic surgery cases where the treating orthodontist is a civilian, the Navy oral surgeon must verify that appropriate notification has been submitted through the member's chain of command and that a positive endorsement has been obtained, according to paragraph 9 of this enclosure and documented on the NAVMED 6630/8 (6-2007).

17. All questions related to issues not covered in this enclosure will be referred to the Orthodontic Specialty Leader.

**AUTHORIZED ORTHODONTIC CARE FOR FAMILY MEMBERS, RETIRED
PERSONNEL, AND OTHER ELIGIBLE NON-ACTIVE DUTY PERSONNEL**

1. The primary mission of the Navy Dental Corps is to treat active duty personnel. Dental treatment of non-active duty personnel will not be permitted to interfere with the accomplishment of this mission.
2. Patients will be accepted for initiation of comprehensive orthodontic treatment only when their sponsor has sufficient time available in his or her current assignment or geographic location to expect completion of the proposed orthodontic treatment before transfer.
3. The sponsor of family members under consideration for orthodontic treatment must be counseled regarding lack of continuing orthodontic care. If the sponsor is reassigned, if the patient is relocated, if the patient's eligibility for care ceases, or if orthodontic care becomes unavailable for any reason, the Navy is not responsible for the cost of continuing the family member's treatment.
4. Per reference (a), eligible non-active duty beneficiaries treated at facilities outside the contiguous United States, will be given the following priority:
 - a. Treatment adjunctive to medical or surgical care, and treatment of traumatic injuries have precedence over other types of orthodontic care.
 - b. Family members of active duty personnel with cleft palates or who require supportive orthodontic care related to orthopedic treatment, such as in the case of scoliosis or kyphosis.
 - c. Family members who arrive on station with an appropriate treatment plan, in fully banded or bonded active orthodontic appliances that have been placed by military or civilian orthodontists *before* the sponsor's written reassignment notification.
 - d. Family members of active duty military personnel who, before arrival at their sponsor's command and before the sponsor's written reassignment notification, have undergone serial extraction of teeth as ordered by an orthodontist in preparation for orthodontic care.
 - e. Family members, not already under orthodontic care, with malocclusions or craniofacial anomalies that pose a serious functional or developmental problem or present a serious threat to the longevity of the dentition.
 - f. Family member children in need of orthodontic intervention who are:
 - (1) In their permanent dentition and approaching the end of active adolescent growth.

(2) In mixed dentition stage of growth and development.

g. Cases that are selected to meet the requirements for certification by the American Board of Orthodontics.

h. Family members accompanying an active duty member who is on an extended overseas billet assignment.

i. Family members who arrive on station with an appropriate treatment plan, in fully banded or bonded active orthodontic appliances that have been placed by military or civilian orthodontists *after* the sponsor's written reassignment notification.

j. Retired military personnel, family members of retired military personnel, and other eligible non-active duty beneficiaries.

5. Eligible non-active duty beneficiaries treated at facilities in the contiguous United States are limited to the following orthodontic care:

a. Examinations and consultations.

b. Treatment that is adjunctive to medical or surgical care and treatment of traumatic injuries.

c. Cases that are selected to meet the requirements for certification by the American Board of Orthodontics.

d. Teaching cases that are initiated and supervised by an orthodontist in a dental residency or continuing education program.

e. All other eligible recipients on a space available basis with the most severe cases given priority.

6. All questions related to issues not covered in this enclosure will be referred to the Orthodontic Specialty Leader.